

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 14, 2017

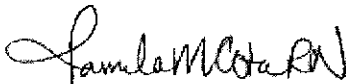
Ms. Rachael Parker, Manager
Sterling House At Richmond
61 Farr Road
Richmond, VT 05477-9301

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 21, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



DEC 12 2017

PRINTED: 11/28/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0591	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/21/2017
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE AT RICHMOND			STREET ADDRESS, CITY, STATE, ZIP CODE 61 FARR ROAD RICHMOND, VT 05477		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of one complaint and one self-report was completed by the Division of Licensing and Protection on 11/21/17. There were no regulatory violations identified related to allegations in the complaint. There was one regulatory violation related to the self-report, as follows.	R100	R191 5.12 Records/Reports		
R191 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file. 5.12.c.(3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained. 5.12.c.(4) A written report of any breakdown or	R191	<ol style="list-style-type: none"> 1. Reports for Resident #1 and #2 were made timely to APS. Licensing and Protection reports are completed. 2. Manager and Nurse have been re-educated to report to both agencies at the same time. 3. This process will be monitored by the Manager with Check sheet that allows confirmation of date of each report. 4. 12/15/2017 		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5559

4RMU11

If continuation sheet 1 of 2

R191 POC accepted 12/13/17 JHsmurR1/mu

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R191	Continued From page 1 cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours. 5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency. 5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to submit a timely report to the State Agency (Survey and Certification) regarding allegations of potential exploitation for 2 of 3 residents in the applicable sample (Residents #1, #2). Findings include: 1. On 8/27/17, per the self-report, the facility became aware of allegations that two purses with cash were missing for Residents #1 and #2. The facility failed to report the allegations of potential exploitation to Survey and Certification until 10/31/17. During an interview on 11/21/17 at 8:30 AM, the facility's manager confirmed that the above allegations of missing property/potential exploitation were reported late.	R191			